



WALKER CREEK RANCH

MARIN COUNTY OFFICE OF EDUCATION

1700 MARSHALL PETALUMA RD, PETLAUMA CA, 94952 415-491-6600

Registration and Health Form

**** REQUIRED FOR ALL PARTICIPANTS ****

Please complete BOTH sides of this form legibly and in ink. Be sure to SIGN where indicated. Return to the participant's school. Please call if you have any questions and feel free to use additional paper if necessary, to describe any remarkable medical or health condition. Thank you.

Participant is a: ☐ Student ☐ Cabin Leader ☐ Adult Chaperone ☐ Teacher/School Staff

PARTICIPANT INFORMATION

Name	Gender	Date of Birth	Age
School	Teacher	Dates Attending	
Home Address (Street)	City	Zip Code	Home Phone ()
Parent /Guardian Name	Work Phone ()	Cell Phone ()	
Parent / Guardian Name	Work Phone ()	Cell Phone ()	
Email Address:			

EMERGENCY CONTACT INFORMATION: Person to call if parents / guardians are not available:

Name	Relationship	Day Phone:	Evening Phone:
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INSURANCE AND PHYSICIAN INFORMATION

Physician's Name / Location	Health Insurance Provider:
Physician's Phone Number:	Health Insurance Member Number:

Health Information necessary for student's protection and care:

Please check if participant has suffered from or been diagnosed with any of the following:

<input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy/Seizure Disorder <input type="checkbox"/> Heart Condition <input type="checkbox"/> Headaches <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Ear Infections <input type="checkbox"/> Eye Trouble <input type="checkbox"/> Glasses/ Contacts <input type="checkbox"/> Hernia (Rupture)	<input type="checkbox"/> Asthma <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Any serious illness or accident <input type="checkbox"/> Autism <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Anxiety <input type="checkbox"/> Sleep walking <input type="checkbox"/> Bedwetting Other-explain below	Allergies: <input type="checkbox"/> Hay Fever <input type="checkbox"/> Bee Sting/ Insect <input type="checkbox"/> Food - Describe in detail on Dietary Form <input type="checkbox"/> Medication <input type="checkbox"/> Other _____ <input type="checkbox"/> Anaphylaxis to any of the above Does your student carry an: <input type="checkbox"/> Epi-pen <input type="checkbox"/> Inhaler	Date of last Tetanus Has participant been exposed to anyone with a communicable disease within the last 21 days? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, What disease? _____ Is the participant considered to generally be in good health?
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Please explain any items checked above or any other medical conditions not listed (use additional sheets if necessary).

Are there any restrictions on the participant's physical activity? ☐ Yes ☐ No
If YES, please explain:



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ROUTINE MEDICATIONS

Will the participant **BRING** any prescription or non-prescription medications to Walker Creek Ranch? ☐ YES ☐ NO

If **YES** please supply the pertinent information on the Physician and Parent Authorization to Administer Medication form.

****Please be aware that per California Education Code 49423 a Physician's signature is required for prescription medication AND non-prescription medication brought to Walker Creek Ranch for any participant under the age of 18****

AS NEEDED MEDICATIONS

Occasionally, it is helpful to provide students with nonprescription medications when they are at the Outdoor School. The medications listed below are kept in stock at the site for this purpose---you do not need to send additional over-the-counter medications. Please **check the box to indicate your permission** for the listed medication (some may be generic) to be administered by school staff on an as needed basis. An additional physician's signature is **NOT** required for medications listed below unless such medications are sent with the student to the Outdoor School.

May the participant take any of the following over-the-counter medications?

Acetaminophen (Tylenol) <input type="checkbox"/> Yes <input type="checkbox"/> No	Cough/Cold Medicine <input type="checkbox"/> Yes <input type="checkbox"/> No	Anti-itch lotion (Calamine) <input type="checkbox"/> Yes <input type="checkbox"/> No
Ibuprofen (Advil) <input type="checkbox"/> Yes <input type="checkbox"/> No	Cough Drops <input type="checkbox"/> Yes <input type="checkbox"/> No	Hydrocortisone <input type="checkbox"/> Yes <input type="checkbox"/> No
Tums/Antacids <input type="checkbox"/> Yes <input type="checkbox"/> No	Benadryl <input type="checkbox"/> Yes <input type="checkbox"/> No	Sting Relief Swab (benzocaine topical) <input type="checkbox"/> Yes <input type="checkbox"/> No
Pepto Bismol <input type="checkbox"/> Yes <input type="checkbox"/> No	Neosporin <input type="checkbox"/> Yes <input type="checkbox"/> No	Covid Test <input type="checkbox"/> Yes <input type="checkbox"/> No

DIETARY RESTRICTIONS

Does the participant have any dietary restrictions or food allergies? ☐ Yes ☐ No

If **YES**, please fill out the additional Dietary Information form

****REQUIRED FOR ALL PARTICIPANTS****

I agree the above information is correct to the best of my knowledge. I approve of administering medications as stated above. Should the participant need to be removed from the Walker Creek Ranch Program because of illness or misconduct I agree to provide transportation home.

For minor illnesses or injuries, I understand that Walker Creek Ranch will attempt to contact me at the earliest practical opportunity. Should a medical emergency arise and I am not immediately available, I hereby authorize medication, medical and/or surgical care may be provided for the participant through the facilities of the nearest hospital.

I consent to and authorize the taking and use of photographs, videos, audios, and media interviews of my son, daughter or ward (as parent or guardian) by Marin County Office of Education (MCOE) and /or any agency/person approved by the MCOE. I waive any proprietary right to this material and authorize any subsequent use thereof, including its release and showing to the general public in newspapers, online, television, in clinical training or by any other means selected by the MCOE or its agents. If you do not wish to have your child included in such, it is your responsibility to contact the outdoor school no later than two weeks prior to the outdoor school program at (415) 491-6602.

Signature of Parent / Guardian:

X

Date:

Voluntary Additional Information

You are encouraged to voluntarily provide any additional information about the participant that will help us to understand how we can best support their success during their time at Walker Creek Ranch. This may include special concerns with respect to cabin assignments or other activities, anxieties about being away from home, showering, emotional concerns, sexual orientation, gender identity, or any other aspect of the participant that you believe may be helpful to Walker Creek Ranch staff. Please use this space, and additional space as necessary, to provide any additional information that you think may be helpful. Please note this information will be kept confidential and will only be shared with appropriate school staff working with the participant.



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Dietary Information

Please fill out this form if the participant has dietary considerations that need to be accommodated.

For further information about menus or specific food allergies or our ability to accommodate dietary restrictions, please contact our Food Services Manager (415) 491-6600.

If you need to send food items to supplement the participant's menu while they are at Walker Creek Ranch, please send food labeled with the participant's name to the Dining Hall Kitchen on arrival day.

Participant is a: ☐ Student ☐ Cabin Leader ☐ Adult Chaperone ☐ Teacher/School Staff

Name	Gender	Date of Birth	Age
School	Teacher	Dates Attending	
Dietary Preferences: <input type="checkbox"/> Vegan <input type="checkbox"/> Vegetarian <input type="checkbox"/> NO Pork <input type="checkbox"/> NO Red meat <input type="checkbox"/> NO Fish			

The health and well-being of all guests is the top priority of Walker Creek Ranch staff. To assist in this effort, please remind your

Allergies or Medical Restrictions. Student can **NOT** have:

☐ Eggs ☐ Dairy ☐ Gluten ☐ Nuts ☐ Other _____

Please provide specific details and use additional sheets as necessary:

What happens if the participant ingests these foods? (I.e. anaphylaxis, intolerance, rash, etc.)

Does the participant carry an EpiPen? ☐ Yes ☐ No

Additional Comments: Please use this space to add any comments or concerns regarding dietary needs or restrictions.

The health and well-being of all guests is the top priority of Walker Creek Ranch staff. To assist in this effort, please remind your child/participant of what to do if they suspect they are having a reaction and review with them all the signs and symptoms of anaphylaxis. It is also requested the school monitor any and all persons with dietary needs or allergies (if a child has a severe allergy and requires an Epi pen, the school is recommended to provide a trained adult to oversee their diet and medical care).

Finally, the food services staff makes every effort to accommodate special dietary needs. Guests are welcome to bring/ send food items to supplement their menu while they are at Walker Creek Ranch. Please contact the Food Service Manager at 415-491-6600 before the start of the program to discuss any dietary concerns your participants may have.